

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029818

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7573

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 1 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis, Mo.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Enroute City HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri. b. COUNTY

c. CITY OR TOWN St. Louis.

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
3821 WestminsterReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Henrietta M. Cox4. DATE OF DEATH
Month Day Year
July 21, 19635. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
2/21/18969. AGE (last birthday)
67IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Stenographer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Lincoln County, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

William S. Cox

13b. MOTHER'S MAIDEN NAME

Mary Marmaduke

14. NAME OF HUSBAND OR WIFE

Nil.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No. Nil.

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
R. Lee Cox, Elsberry, Mo.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arterio Sclerosis Heart Disease

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized Arterio Sclerosis

DUE TO (c)

420.0

INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her
him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor, Coroner

22b. ADDRESS

1300 Clark Ave
Elsberry, Mo.

22c. DATE SIGNED

7-23-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal

23b. DATE

7-24-63

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Elsberry, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Miller Funeral Home, Elsberry, Mo.

25. DATE RECD. BY LOCAL REG.

JUL 23 1963

26. REGISTRAR'S SIGNATURE

R. Lee Cox, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AUG 30 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.